

QUALITY ASSURANCE FORM

Consultant is responsible for filling out both sections.

Consultant:_____

Project Description:_____

Project #:_____ Design #:_____

Submittal:_____

This submittal has been reviewed in regards to consistency, completeness and overall content prior to submittal by:

Project Manager:_____

Telephone Number:_____ Date:_____

CONSULTANT'S REVIEWERS COMPLETE THIS SECTION (See Note)

The above submittal has been reviewed for quality in accordance with the Quality Assurance Procedures.

Items(s):_____ Designer:_____ Reviewer:_____

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Items(s):_____ Designer:_____ Reviewer:_____

Items(s):_____ Designer:_____ Reviewer:_____

Remarks:_____

NOTE: The consultant is responsible for checking all of their work as outlined in Chapter 14 of the Design Manual. The item numbers to be inserted above are the item numbers from the appropriate section of Chapter 14.